2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2010
Secretary of State

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Entity Name: SOUTH TAMPA MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3928 PREMIER NORTH DR
TAMPA, FL 33618

New Principal Place of Business:

3928 PREMIER NORTH DRIVE
TAMPA, FL 33618

Current Mailing Address:

3928 PREMIER NORTH DR
TAMPA, FL 33618

New Mailing Address:

FEI Number: 11-3733557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

APPLETON, ERIC N
1801 HIGHLAND AVE.
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEFKOWITZ, MORRIS
Address: 3928 PREMIER NORTH DRIVE
City-St-Zip: TAMPA, FL 33618

Title: V
Name: GROSZ, JUDY
Address: 3928 PREMIER NORTH DRIVE
City-St-Zip: TAMPA, FL 33618

Title: ST
Name: SCHACHTER, ROBERT
Address: 3928 PREMIER NORTH DRIVE
City-St-Zip: TAMPA, FL 33618

Title: D
Name: TAWIL, JUDITH
Address: 508 S. HABANA AVE., SUITE 360
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MORRIS LEFKOWITZ P 03/29/2010

Electronic Signature of Signing Officer or Director — Date